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EFFECT OF *INDRAYAVADI YOGA* IN THE MANAGEMENT OF *SHWETA PRADARA* – A CASE SERIES

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ABSTRACT

Background: *Shweta Pradara* is described in Ayurveda as excessive, white vaginal discharge caused predominantly by vitiation of *Kapha Dosha* along with involvement of *Rasa Dhatu* and *Artavavaha Srotas*. It can be clinically correlated with leucorrhoea in modern gynecology. Improper dietary habits, *Mandagni*, and sedentary lifestyle play an important role in its manifestation. If left untreated, it may result in physical weakness and mental discomfort. **Objective:** To evaluate the effecacy of *Indrayavadi Yoga* in the management of *Shweta Pradara*. **Methods:** Two clinically diagnosed cases of *Shweta Pradara* were treated with *Indrayavadi Yoga* (3 g twice daily after food with lukewarm water) for 7 days along with *Pathya-Apathya*. Clinical assessment was performed based on Shweta *Srava*, *Yoni Kandu*, *Daurgandha/Yoni Daha*, and *Kati Shoola*. **Results:** Both patients showed marked improvement in white vaginal discharge and associated symptoms following treatment. One patient had previously received conventional treatment without satisfactory relief and responded well to *Ayurvedic* management with *Indrayavadi Yoga*. **Conclusion:** The present case study suggests that *Indrayavadi Yoga*, along with appropriate *Pathya-*

Apathya, may be an effective and safe *Ayurvedic* intervention in the management of *Shweta Pradara* (Leucorrhoea). Further clinical studies with a larger sample size are required to validate these findings.

KEYWORDS: *Shweta Pradara*, Leucorrhoea, *Kapha Dosha*, *Rasa Dhatu*, *Artavavaha Srotas*, *Indrayavadi Yoga.*

INTRODUCTION

Vaginal discharge is a very common symptom among women in the reproductive age group. Leucorrhoea is a whitish or yellowish vaginal discharge. Physiological vaginal discharge is usually clear or white, odourless, and varies during different phases of the menstrual cycle. However, changes in the colour, consistency, amount, or odour of vaginal discharge may indicate an underlying vaginal infection or pathology.[1]

Vaginal infections are common during the reproductive period. Ayurveda describes various disorders associated with abnormal vaginal discharge, including white, mucoid, purulent, watery, and blood-stained discharge. Women often ignore this condition until it interferes with their daily activities. Although the term *Shweta Pradara* is not mentioned in the *Brihatrayee*, it is described in *Sharangadhara Samhita*[2], *Bhav Prakash*[3], *Yoga Ratnakara*[4] and by *Chakrapani*[5] who described *Pandura Pradara* as *Shweta Pradara*.

CASE REPORT

Case 1

An 18-year-old unmarried female presented to the OPD of *Prasuti Tantra Evum Stri Roga* with complaints of *Yonigata Shweta Srava* (white vaginal discharge), *Yoni Kandu* (itching at the vulva), *Daurgandha* (foul-smelling vaginal discharge), and *Kati Shoola* (low backache). She visited the hospital for *Ayurvedic* management of her complaints.

Past History

There was no history of diabetes mellitus, hypertension, or any previous surgical procedure.

Family History

No significant family history was present.

Personal History

The patient was a student with a sedentary lifestyle. She had irregular food habits and

preferred fried and fast foods. Appetite was moderate. Bowel habits were regular. Micturition was normal (5–6 times/day). Sleep was sound. She consumed tea two to three times daily and did not perform regular exercise.

Menstrual History

The patient attained menarche at the age of 14 years. Her menstrual cycle was regular, occurring every 25–30 days, with bleeding lasting 4–5 days. The last menstrual period was 10/01/2026. No menstrual abnormalities were reported.

General and Clinical Examination

The patient's general condition was moderate. She was conscious, well-oriented, and cooperative.

Pulse Rate: 98/min

Blood Pressure: 110/70 mmHg

Respiratory Rate: 16/min

Ashtaviddha Pariksha

1.	*Nadi*	*Vata Kaphaj, Teevra*
2.	*Mala*	Normally formed stool
3.	*Mutra*	*Prakrita*
4.	*Jihva*	*Alipta*
5.	*Sabda*	*Prakrita*
6.	*Sparsha*	*Mrudu*
7.	*Drik*	*Prakrita*
8.	*Akriti*	*Madhyama*

Dasavidha Pariksha

1.	*Prakriti*	*Kapha pradhana vata anubandhi*
2.	*Vikrti*	*Kapha Vata dushti*
3.	*Sara*	*Madhyama*
4.	*Samhanana*	*Madhyama*
5.	*Satwa*	*Madhyama*
6.	*Satmya*	*Madhyama*
7.	*Pramana*	*Madhyama*
8.	*Ahara*	*Madhyama*
9.	*Vyayam sakti*	*Avara*
10.	*Vaya*	*Yuva*

Systemic Examination

Respiratory System: B/L Chest clear, Normal Vesicular breath sounds were heard on both sides, No added sounds were heard.

Cardiovascular System: S1 S2 heard, No added sound.

CNS: Patient is conscious and well oriented.

GIT: Abdomen soft, Bowel sound heard, No pain or any other symptom, No Organomegaly found.

Local Examination

Local examination revealed foul-smelling white vaginal discharge. No other significant abnormality was detected.

Assessment Criteria: The Following Subjective Parameters were used for clinical assessment:

***Yonigata Shweta Srava* (White vaginal discharge)**

S.No.	*Srava*	Grade
1.	No Vaginal Discharge	0
2.	Occasionally wetting the undergarment	1
3.	Wetting the undergarments	2
4.	Heavy discharge, which needs pads	3

***Yoni Kandu* (Itching at vulva)**

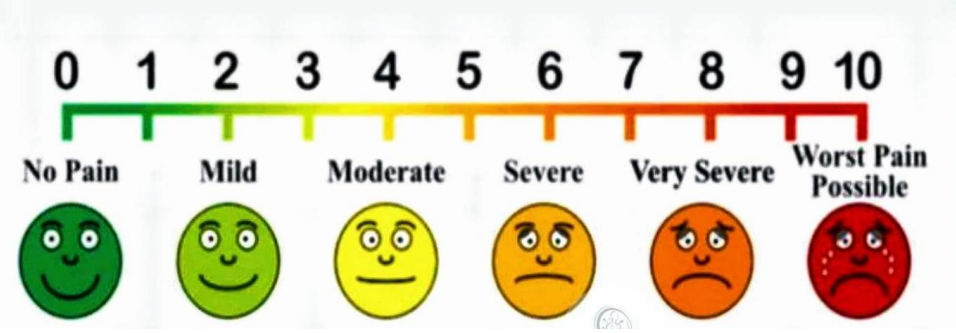
S.No.	*Kandu*	Grade
1.	No itching	0
2.	Slight rub	1
3.	Instant rub causing redness	2
4.	Continuous rubbing causing redness	3

***Daurgandha* (Odour)**

S.No.	*Daurgandha*	Grade
1.	Absent	0
2.	Mild	1
3..	Moderate	2
4.	Severe	3

***Kati Shoola* (low back ache)**

S.No.	*Kati shoola*	VAS Scale	Grade
1.	No Pain	0	0
2.	Mild Pain	1-2	1
3.	Moderate Pain	3-4	2



Treatment: The following treatment regimen was administered to the patients:

***Abhyantara Chikitsa*[6]**

S.No.	Medicine	Dose and *Anupan*	Duration
1.	*Indrayavadi Yoga*	3g with lukewarm water	7 days

Pathya-Apathya

She was advised to follow *Ahara- Vihara Pathyas* as follows-

Ahara

1. Drink plenty of water.
2. Eat fibre-rich diet, Fruits, Green vegetables.

Vihara

1. Keep the area clean and dry.
2. Maintain personal hygiene
3. Wash the undergarments with hot water and dry in sunlight.

Table 1: Gradations of parameters at follow up.

S.No.	Assessment criteria	Day 1	Day 5	Day 7
1.	*Shweta srava*	2	1	0
2.	*Yoni kandu*	1	0	0
3.	*Daurgandha*	2	1	0
4.	*Kati shoola*	1	0	0

Case 2

A 34-year-old married woman presented to the OPD of *Prasuti Tantra Evum Stri Roga* with complaints of excessive white vaginal discharge (*Shweta Srava*), vulval itching (*Yoni Kandu*), burning sensation in the genital region (*Yoni Daha*), and low backache (*Kati Shoola*) for the past one year. The patient had previously received conventional treatment at a private healthcare facility with Tab. Augmentin 625 mg (BD), Tab. Itraconazole (BD), and Tab.

Fluconazole (once daily on an empty stomach for 7 days). However, she did not experience satisfactory relief from her symptoms and therefore opted for *Ayurvedic* treatment.

Past History

There was no history of hypertension, diabetes mellitus, bronchial asthma, thyroid disorders, tuberculosis, previous surgery, blood transfusion, or drug allergy.

Family History

The patient had a positive family history of similar complaints in her mother and sister.

Personal History

The patient was a housewife and consumed a mixed diet. Appetite was irregular (*Vishama Agni*). Bowel habits were unsatisfactory with constipation (*Vibandha*), while micturition was normal. Sleep was adequate.

Menstrual History

The patient attained menarche at the appropriate age. Her menstrual cycles were regular, occurring every 28 days, with bleeding lasting 5–8 days. Menstrual flow was adequate. There was no history of dysmenorrhoea, menorrhagia, intermenstrual bleeding, or any other menstrual abnormality.

Obstetric History

P1L1A0D0

General and Clinical Examination

The patient was conscious, well-oriented, and cooperative.

- Pulse Rate: 78 beats/min
- Blood Pressure: 110/70 mmHg
- Respiratory Rate: 18 breaths/min
- Body Temperature: 98.8°F

On *Ayurvedic* examination, the patient had *Kapha-Vataja Prakriti, Vishama Agni*, *Madhyama Koshtha*, and *Rasa-Rakta Sara. Mala* was associated with *Vibandha*, whereas *Mutra Pravritti* was normal.

Local Examination

Per speculum examination revealed white, sticky, frothy vaginal discharge. No cervical

growth, ulceration, active bleeding, or any other significant abnormality was observed.

Assessment criteria

The assessment was carried out using the same grading criteria as described in Case 1.

Criteria of *Yoni Daha* (Vulvar burning)

S.No.	*Daha*	Grade
1.	Absent	0
2.	Occasional burning	1
3.	Frequent burning	2
4.	Continuous burning	3

Treatment

S.No.	Medicine	Dose and *Anupan*	Duration
1.	*Indrayavadi Yoga*	3g with lukewarm water	7 days

Pathya–Apathya

The patient was advised to follow the same dietary and lifestyle modifications as described in Case 1.

Table 2: Gradations of parameters at follow up.

S.No.	Assessment criteria	Day 1	Day 5	Day 7
1.	*Shweta srava*	2	1	0
2.	*Yoni kandu*	3	2	1
3.	*Yoni daha*	1	0	0
4.	*Kati shoola*	2	1	0

RESULT

Both patients were treated with *Indrayavadi Yoga* (3 g twice daily after food with lukewarm water) along with appropriate *Pathya-Apathya* for a total duration of 7 days. Clinical assessment of symptoms was performed on Day 1, Day 5, and Day 7 to evaluate the response to treatment.

In Case 1, marked improvement was observed in *Shweta Srava*, *Yoni Kandu*, *Daurgandha*, and *Kati Shoola* during the follow-up period. In Case 2, improvement was observed in *Shweta Srava*, *Yoni Kandu*, *Yoni Daha*, and *Kati Shoola*. The patient who had previously received conventional treatment did not obtain satisfactory relief and showed improvement following *Ayurvedic* management. No adverse drug reactions or untoward effects were reported during the treatment period.

DISCUSSION

Shweta Pradara is a common gynaecological condition predominantly caused by vitiation of *Kapha Dosha* with the involvement of *Rasa Dhatu* and *Artavavaha Srotas*. The treatment aims to reduce excessive vaginal discharge, relieve associated symptoms, and restore normal physiological function.

In the present case study, both patients were managed with *Indrayavadi Yoga* along with *Pathya-Apathya*. *Indrayavadi Yoga* contains *Indrayava Churna* and *Shita*. *Indrayava* possesses *Tikta* and *Kashaya Rasa*, *Sheeta Virya*, and *Katu Vipaka*, along with *Deepana*, *Grahi*, *Stambhana*, and *Tridoshahara* properties. These properties help reduce excessive vaginal discharge and improve associated symptoms. Modern phytochemical studies have reported that *Holarrhena antidysenterica* (*Indrayava*) contains a wide range of steroidal alkaloids, among which conessine, conimine, holarrhenine, holarrhine, kurchine and related alkaloids are the major bioactive constituents. Several pharmacological studies have demonstrated that different extracts and isolated compounds of Holarrhena possess significant antimicrobial, antibacterial, antifungal and anti-inflammatory activities. These pharmacological properties may contribute to controlling microbial infections, reducing local inflammation and providing symptomatic relief in patients with leucorrhoea.[7]

Shita possesses *Madhura Rasa*, *Madhura Vipaka*, *Sheeta Virya*, and *Laghu Guna*, which also contribute to the management of *Shweta Srava*. The combined action of these drugs may help reduce excessive vaginal discharge and improve the overall clinical condition. The observed improvement in both cases may be attributed to the *Grahi*, *Stambhana*, and *Kapha-Shamaka* properties of *Indrayavadi Yoga* along with appropriate dietary and lifestyle modifications.

The formulation was well tolerated in both cases, and no adverse effects were observed during the treatment period.

CONCLUSION

Shweta Pradara described in *Ayurvedic* literature closely resembles Leucorrhoea described in modern gynaecology. Proper personal hygiene and appropriate dietary habits play an important role in its prevention and management.

In the present case study, both patients showed clinical improvement following treatment with *Indrayavadi Yoga* along with *Pathya-Apathya*. Improvement was observed in *Shweta*

Srava, *Yoni Kandu*, *Daurgandha*, *Yoni Daha*, and *Kati Shoola*. One patient had previously received conventional treatment without satisfactory relief and responded favourably to *Ayurvedic* management. These preliminary findings suggest that *Indrayavadi Yoga* may be an effective and safe therapeutic option in the management of *Shweta Pradara* (Leucorrhoea). However, further well-designed clinical studies with a larger sample size are required to establish its efficacy.

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